


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90370 050 \*\*\*\*50.00

**DOCUMENT # L03000004424**

1. Entity Name  
**816 BOCA, LLC**



Principal Place of Business  
**4085 NW 58TH LANE  
 BOCA RATON, FL 33496**

Mailing Address  
**4085 NW 58TH LANE  
 BOCA RATON, FL 33496**

**14013151**



2. Principal Place of Business		3. Mailing Address		04102005	Chg-LLC	CR2E083 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>01-0789490</b>		
City & State		City & State		Applied For Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>FARACH, MANUEL                  1645 PALM BEACH LAKES BLVD.                  SUITE 1200                  WEST PALM BEACH, FL 33401</b>				Name <b>Farach Manuel</b>			
				Street Address (P.O. Box Number is Not Acceptable) <b>777 South Flagler Drive</b>			
				Suite <b>1601</b>			
				City <b>West Palm Beach FL</b> Zip Code <b>33401</b>			

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME	HOWITZ, DEBRA G			NAME	Gershowitz, Debra		
STREET ADDRESS	4085 NW 58 LANE			STREET ADDRESS			
CITY-ST-ZIP	BOCA RATON, FL 33496			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Ad
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

*Debra Gershowitz*

4/28/05